TOWN OF RIVERHEAD OFFICE OF THE FIRE MARSHAL

201 Howell Avenue, Riverhead, New York 11901 631-727-3200 x 601

ANNUAL CERTIFICATION of INSPECTION and TESTING

(Pursuant to Section 231-13C Town of Riverhead Code)

FIRE ALARM SYSTEM

<u>CAUTION:</u> Notify all occupants and any agencies who might respond before testing system. Failure to do so may result in legal action against the inspector.

PLEASE PRINT ALL INFORMATION

| Name of Premises/Business: | | |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Address of Premises: | | |
| Fire District: | Name of Owner or Agent present: | |
| Is Occupancy HAZARD CLASSIF | ICATION same as previous test?: | |
| Type of System:(Manual, Automatic, Voice Evacuati | | |
| Name of Central Station: | Phone: | UL Listed? |
| List all deficiencies noted: | | |
| | orrected? If not, why: | |
| Name of Inspecting Firm: | | |
| Address of Inspecting Firm: | | |
| NYS Alarm License Number: | Expir | ration Date: |
| Phone Number of Inspecting Firm: _ | Date of | Inspection: |
| was inspected in accordance with the ap requiring daily, weekly, monthly or qua- such items were inspected or tested and | the Inspecting Firm listed above, do hereby copplicable portions of NFPA 72 (2013 version). Iterly inspection or testing were performed at tappear to function as noted in this certification and all of the above statements are true and co | This Certification <u>does not imply</u> that items the specified intervals, but <u>does imply</u> that all on at the time of inspection. I certify that this |
| PRINT name of Inspector | SIGNATURE of Inspector | Date |
| File Form with <u>original sig</u> | nature to the Fire Marshal Office at abo | ove address. DO NOT send fax |

ANY FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A MISDEMEANOR

Revised 10.17